

## **Administration of Medications by School Personnel**

This policy is intended to cover all students. It includes students with disabilities who have an Individualized Educational Program (IEP) or Section 504 Plan. The following definition of “medication” is adopted for use in this District: “Medication,” includes prescription, non-prescription, and herbal medications, and includes those taken by mouth, by inhaler, those that are injectable, and those applied as drops to eyes, nose, or medications applied to the skin.

Whenever possible, medications for students should be administered by parent(s)/guardian(s) at home. As a service to the family, the Superintendent shall establish procedures for the administration of medication by school personnel in circumstances where such administration is deemed necessary for the student’s well being by the student’s parent(s)/guardian(s) and physician. The pupil’s parent(s)/guardian(s) must provide the school with written permission and a written request to administer medications to their child. Written instructions from a physician, which include the name of the pupil, name of the medication, dosage of the medication, route of administration, and time the medication is to be administered to the pupil must accompany the request and be kept on record by the school. The parent(s)/guardian(s) request/permission and a physician’s instructions for administration shall be renewed every school year.

Any and all “biohazards” generated, such as, but not limited to: sharps, bandages, gauze, towelettes, and discarded live or attenuated vaccines, due to the administration of medications by school personnel shall be disposed of in accordance with the Michigan Medical Waste Regulatory Act, 1978 PA 368, R 325.1545(10). Students who “self administer” medications shall be responsible for returning any such wastes to their home for disposal. The Superintendent shall be responsible for providing staff members with written procedures to implement this requirement.

Each building shall have a plan for handling medical emergencies.

The school administrator will designate an individual(s) responsible for administering medications to pupils at that school. A school administrator, teacher or other school employee authorized to do so by the school administrator, may administer medication to a pupil in the presence of another adult employee pursuant to written permission of the pupil’s parent(s)/guardian(s), and in compliance with, the written instructions of a physician. Where the individual administering the medication is a licensed registered professional nurse, or when an emergency threatens the life or health of the pupil, a second adult need not be present.

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### **Self-Administration/Self-Possession of Medications**

The following definition of “self-administration/self-possession” is adopted for use in this District: “Self-administration” means that the pupil is able to consume or apply prescription and non-prescription medication in the manner directed by the physician without additional assistance or direction. Self-possession means that the pupil may carry medication on his/her person to allow for immediate and self-determined administration.

A pupil whose parent(s)/guardian(s) and physician provide written permission will be able to self-administer and self-possess his/her own medications. A medication that a pupil possesses must be labeled and prepared by a pharmacy or pharmaceutical company and include the dosage and frequency of administration. A pupil’s use shall not be denied if the conditions of written permission and physician direction are met. A building administrator may discontinue a pupil’s right to self-administer and self-possession if there is misuse by the pupil. The denial shall come only after a consultation with the parent(s)/guardian(s). For example, a pupil who requires the use of an inhaler for relief or prevention of asthma symptoms shall be allowed to carry and use the inhaler if there is written approval from the pupil’s physician and parent(s)/guardian(s) on record at the school (as described in the Michigan Revised School Code, Section 380.1179).

A pupil who is in possession of an inhaler under the above conditions shall have each of his/her teachers notified of this by the building administrator.

### **Diabetic Emergencies**

Staff shall be made aware of the symptoms of a diabetic emergency. Staff with diabetic students should know the signs of possible side effects of diabetic medications, and be aware which side effects are serious enough to warrant reporting to the child’s parent(s)/guardian(s) or health provider.

### **Management of Students with Asthma in the School Setting**

If needed, school administrators may have direct communication with the child's health care provider in order to resolve individual problems that may arise because of a child's asthma. All staff shall be informed about the early warning signs of an acute asthma episode and should be aware of emergency procedures and contacts in case a child needs medical assistance. Copies of the "Signs of an Asthma Emergency," as published by the Michigan Department of Education will be distributed to all staff and shall be posted on appropriate bulletin boards in school buildings.

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### **Exercise Induced Asthma Attacks**

Physical education teachers, playground aides, and teachers are to be informed that exercise can induce acute episodes for many students with asthma. It shall be the responsibility of the administration to inform school staff who are responsible for students during physical activity of the identity of those students who have exercise-induced asthma. A child with exercise-induced asthma shall be allowed to stop any physical activity if they are having difficulty.

The Superintendent will promulgate rules and guidelines to implement this provision.

### **School Staff Training**

All individuals designated or authorized to administer medication are required to receive in-service training on all District policies and procedures related to this responsibility. School staff must be trained by a licensed registered professional nurse, physician, or physician assistant who has knowledge of local school medication policies and procedures.

### **Storage and Access to Medications**

All medication shall be kept in a labeled container as prepared by a pharmacy, physician, or pharmaceutical company with the pupil's name, the name of the medication, dosage, and the frequency of administration. Medications shall be stored in a school location that is kept locked. However, emergency medications may be stored in an area readily accessible to the individuals designated to administer them. All controlled-substance medications will be counted and recorded upon receipt from the parent(s)/guardian(s). The medication shall be recounted on a regular basis (monthly or bi-weekly) and this count shall be reconciled with the medication administration log/record.

### **Record Keeping of Medications**

A log of medication administration shall be kept in a school office and filed in a pupil's permanent record at the end of each school year (see sample Medication Administration Daily Log). The individual pupil log shall be kept until one year after the pupil's graduation from high school.

Approved: January 10, 2011

LEGAL REF: MCL 380.1178; MCL380.1179; OAG, 1979-1980, No 5679, p 7-0 (April 11, 1980); OAG, 1993, No 6746, (January 13, 1993); MDE Bulletin, October 18, 1999, PA 378, 1978, Medical Waste Regulatory Act, R 325.1545(2)